

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735231 (3)
1. Corporation Name
SUNSHINE LUTHERAN BRETHREN CHURCH, INC.



Principal Place of Business
**5330 WHIPPOORWILL DR
HOLIDAY FL 34690**

Mailing Address
**5330 WHIPPOORWILL DR
HOLIDAY FL 34690**

3. Date Incorporated or Qualified
03/11/1976

3a. Date of Last Report
04/18/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2276285		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					
25.		30.					

9. Name and Address of Current Registered Agent

**HEGGLAND, THOMAS
3047 FINCH DR
3040 PETERBOROUGH
HOLIDAY FL 34690**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDALLEN, REDAR	1.2 NAME	
STREET ADDRESS	30450 JARVIS ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BJORBEKK, JANE	2.2 NAME	
STREET ADDRESS	3108 BLUEBIRD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, MARIE	3.2 NAME	
STREET ADDRESS	2061 CORONET DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGGLAND, RICHARD	4.2 NAME	
STREET ADDRESS	3040 PETERBOROUGH	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY, FL 00000	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D
STREET ADDRESS		5.3 STREET ADDRESS	THOMAS HEGGLAND
CITY-ST-ZIP		5.4 CITY-ST-ZIP	3047 FINCH DRIVE
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

813-937-1749

Date

Daytime Phone #

CR2E037 (12/95)